



NARRATIVES OF ILLNESS: DEMENTIA, CARE RELATIONS AND INSTITUTIONAL SPACES IN ALICE MUNRO'S "THE BEAR CAME OVER THE MOUNTAIN"

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Drawing from theories of caretaking/caregiving (DeFalco 2010, 2012) and institutional spaces (Goffman 1961; Jamieson 2014), this essay aims at shedding light on the experience of dementia and memory loss as it is transferred to a narrative mode. Alice Munro, a Canadian author, aptly revolves around depictions of illness and care relations driven by her own experience with mental and physical deterioration. In her book *Hateship, Friendship, Courtship, Marriage* (2001), the author unravels the many experiences of illness and their impact on identity and subjectivity. However, this essay will focus on one of these short stories, “The Bear Came Over the Mountain,” and its take on dementia, institutional spaces and care relations. The narrative of illness presented in Munro’s story pivots around the nature of care relations and its aim is twofold: a portrayal of the afflicted—age, loss of memory and defamiliarization—and as a report of the witness who cannot place himself completely in nor completely out of the deterioration process. Drawing from a correspondence between memory and identity, caretakers/caregivers and institutional authority, visitors and patients, this essay ultimately

analyzes how characters reveal instances of vulnerability, resistance and resilience through the interaction and collaboration between themselves and their roles as well as the mediation of institutional space in such care relations.

Keywords: Canadian literature; Memory; Narratives of Illness; Dementia; Care Relations

1. Introduction

Sufferers of dementia are usually pictured as aged, loose people whose understanding of the world has been reduced to a childish behavior. Deprived from memory and self-awareness, the afflicted are often taken as lost causes for civilian life as well as a burden to their families.¹ However, dementia and other diseases based on unpredictable and ominous deterioration affect both the sufferer and those who witness the suffering (see Jesse Ballenger in Goldman and Powell 2015, 89). So much so that Alzheimer, dementia and other memory impairment-based conditions are typically accessed through the witness' eye rather than the patient's. In this vein, literature has provided a context and the tools to perform these narratives of illness and care relations. Among the diverse literary examples of illness and care ethics, Alice Munro, a Canadian author, situates herself at the forefront of such narratives since she has largely written and reflected upon the matter driven by her own experience with mental and physical deterioration. As the eldest daughter, Munro had to undertake the role of caregiver of her mother, who suffered from Parkinson's disease. In so doing, Munro herself experienced being a witness and an active caregiver of a mental patient. Small wonder, then, that many characters in her stories engage in these narratives whether they are the afflicted or witnesses in order to unfold the complex relations of care and ethical commitment.

¹ Note that these statements try not to express animosity toward sufferers of dementia but quite the opposite, to expose adverse reactions to mental health problems and deterioration.

Albeit common, topics of age and illness have also evolved through Munro's writing. Gianfranca Balestra (2016) briefly explores Munro's literary take on old age and how it has changed throughout the author's life. Balestra identifies a shift in Munro's latest works on old age, where the reader acknowledges an emphasis on memory impairment and deterioration of the mind regardless of the patient's age. These stories revolve around ideas of dis/continuity, identity, ambiguity and intersubjectivity, while "they occupy a larger span of time with gaps and various anachronies, making the text more episodic and fragmentary" (Balestra 2016, 24). In Munro's collection of short stories *Hateship, Friendship, Courtship, Marriage* (2001), we find a great number of examples of these narratives and a myriad of experiences traversed by memory loss, commitment, and care ethics. However, this essay will focus on the short story "The Bear Came Over the Mountain" and its take on dementia, institutional spaces and care relations.

Whilst the story commences with the process of mental deterioration of an ageing subject named Fiona,² the narration of such a journey is conducted by the perspective of her husband, Grant, who in turn will face his wife's mental decay and be forced to navigate a transformation regarding their marital life. Under this light, the narrative of illness will unfold twofold: as a portrayal of the afflicted—age, loss of memory and defamiliarization—and as a report of the witness who cannot place himself completely in nor completely out of the deterioration process. The vast majority of the analyses on this short story has focused precisely on the interpolation between the pivotal existence of a sufferer of a mental illness and the focalization of the outsider's viewpoint. It is worth noting that Munro's short story does not only examine a disease but

² By mental deterioration I do not refer to sporadic slips caused by growing older, but the 'interference' of a mental disease that affects cognitive functions of a rather young person. This might be understood as on-set dementia, dementia, or Alzheimer. Albeit different, these diseases share a considerable amount of similarities. However, since Munro's short story does not provide the reader with a specific name, from now on, this essay will refer to Alzheimer, dementia and memory impairment as Fiona's mental deterioration.

also how love relationships and selfhood change when facing age and adversities. That is why critical readings vary their approaches but ponder on similar ideas: is identity lost along with age and loss of memory, or is it transformed in the same way that love relationships adapt to new circumstances? This essay aims at engaging in the conversation that prioritizes the problematization of selfhood, narrativization, caregiving/taking and spaces. Interestingly enough, care relations play a key role in the personal and private spaces of Grant and Fiona's marital relationship, but also within the limits of the institutional space where Fiona decides to go. Drawing from a correspondence between memory and identity, caretakers/caregivers and institutional authority, this essay will analyze how characters reveal instances of vulnerability and resistance, and later on, resilience, through the interaction and collaboration between themselves and their roles as well as the mediation of institutional spaces in such care relations.

Firstly, it is necessary to approach dementia as in relation to notions of subjectivity and identity. In so doing, I rely on Amelia DeFalco's prolific analysis in *Uncanny Subjects: Ageing in Contemporary Narrative* (2010), whereby dementia patients align with ageing subjects. Even though this is not always the case in Munro's latest short stories, these narratives display new subjectivities based on fragmentation and ambivalence by means of a potential dissolution of memory that advances in turn a disintegration of the self. Such fragmentation and ambiguity hold a central position in Munro's fiction, and what is rendered a loss of selfhood and/or memory "comes back in a modified version, showing a certain continuity of subjectivity" (Balestra 2016, 23). The idea of continuity as opposed to the fragmentary and irregular nature of dementia infuses Munro's story with a sense of resilience and reparation. Similarly, Berndt and Henke (2017) stress that memory in Munro's work is not a source of mere discomfort or unsettlement, but an open gate to the affective transformation of relational patterns. Munro's narrative shift defies common expectations of pessimism, horror and dissolution that are often associated with stories of dementia and mental deterioration. In so doing, Munro's use of irony, ambiguity as well as language "reflect

her interest in what is, what has been, and what could have been” (Berndt and Henke 2017, 205).

In like manner, these subjectivities concerning the afflicted and those around them may also posit questions regarding the relationality of memory and identity, for instance, when analyzing the relationship between caretaking and caregiving. Following DeFalco’s analysis, the distinction between caretaker and caregiver brings to light the problematic ethics of care within narratives of illness. The relationship between caretakers and caregivers fosters a new form of communication with a ‘recipient,’ thus framing the afflicted as the Other. Part and parcel of adjusting to a new situation whereby one does not recognize the other is re-membering a shared past and mediating through such reconstruction. Thus, this essay focuses on Grant’s role not only as a spouse, whether redeemed or not, but as a witness and/or caregiver to Fiona and their marital commitment. Likewise, institutional spaces such as residential facilities or hospitals would perform and reproduce the dynamics of caretaking/caregiving at a structural and systemic level. For that, I follow Erving Goffman’s notion of “total institution,” by which an institutional authority takes care of patients and their bodies, thus displaying control and segregation by creating spatial demarcations to their freedom and reinforcing the distinction between outsiders and inmates. In this vein, care relations between sufferers and caregivers/witnesses are shaped through the reflection on institutional caretaking and the role of visitors as destabilizing its structures. Estrangement and unrecognition ally themselves within the narrative to flesh out the narrative of the Other, who is not able to restore themselves through memory and/or words.

2. Facing Oblivion: Mediation and Resistance

This story revolves around aging and dementia as in correspondence with the role of institutional care and residential facilities as well as how such a deterioration works upon the lives of both patient and witness. The identification of the title with that of a North American nursery rhyme advances a narrative plenty of hints and nuances, as well as a journey towards the sight of the other side of the mountain,

as it is metaphorically implied (Berndt and Henke 2017, 208). Indeed, the narration consists of a rather simple account of what is implicit and unstated, as it is, in this case, the testimony of Fiona, a woman who suffers from memory impairment, although non-specification regarding dementia or Alzheimer is directly stated. The use of figurative language and intertextuality have been largely associated with Munro, as it is the case of the nursing song that Héliane Ventura (2010) aptly analyses and associates with the tradition of Nonsense and a heroic quest of self-discovery. Part and parcel of juxtaposing the narrative of this folk song to that of the novel is perusing how the narrative voice discloses what Ventura reads as a parody of the heroic quest or self-discovery (Ventura 2010, 2). Although the narration presents an omniscient narrator, the story is mainly focalized through the perspective of Grant, Fiona's husband and eventually her legal tutor. Thus, it is the witness of the suffering as well as the visitor of the institutional space who will display and focalize the narrative of illness and caregiving. Consequently, the story will dwell on Grant's experience as a visitor of his wife in a residential facility and on the process of adaptation and resilience these characters embark on. Rather than being implicit, this intensification of the outsider's perspective foreshadows the blatant journey of Grant in his heroic quest, which is read as ironic and parodic inasmuch as it is "self-serving rather than self-sacrificing" (Berndt and Henke 2017, 207). However, it is no surprise that a narrative that intends—or maybe not—to shed light on the experience of dementia informs the reader, more or less explicitly, of the limitations of gaining access to dementia experience.

According to Amelia DeFalco's analysis, sufferers of dementia are intertwined with ageing subjects in that they engage in a process of progressive and mostly irreversible deterioration, meaning forgetting and loss (2010, 56). Our sense of self is based on our capacity to recollect ourselves, that is, to recognize ourselves through stories and memories (DeFalco 2010, 55-56), thus, the possibility of memory loss may indeed advance a dissolution of the self. This identity disintegration resulting from memory loss is a contested terrain where the analysis of Munro's story plays a key role. Ironic and obvious enough, Grant's perspective exposes the

ambiguity that characterizes a degenerative disease, and it lays bare the many contradictions its nature and effects reveal. Other than using dementia as a narrative pretext to explore what Begoña Simal (2014) denotes “postmodern indeterminacy,” it is the actual manipulation of language and rhetoric within a mediated and unreliable focalization that permeates the intricacies of the disease by unravelling “its painful loss of memory, its tenuous grasp of reality and the intimation of a dissolving self” (62). So much so that the narration is constantly assuming an ambivalent and ironic tone that problematizes the perception of what is normal and what is not. Likewise, Goldman and Powell (2015) examine the disease model and state that ambiguity functions as an identifying element within mental deterioration. As opposed to other medical conditions, dementia and Alzheimer are harder to detect when comparing healthy and unhealthy bodies and behaviors (Goldman and Powell 2015, 86). That is to say that as long as one may look for abnormalities, ambiguity and limitations to a clear diagnosis problematize drawing a limit between selfhood and illness.

Conversely, some authors defy the association between identity and memory loss and claim that there might be a “persistence and sometimes intensification of personality traits and eccentricities that existed before” (Balestra 2016, 26). In Munro’s story, ambivalence between identity and illness is foreshadowed by the initial portrait of Fiona’s behavior, prior to mental deterioration, and Grant’s reluctance to distinguish the disease from Fiona’s natural ageing and identity process. Identity dissolution is eventually unraveled through Fiona’s story, but not without hesitation on the characters’ and eventually also the readers’ part. At the beginning, Fiona is introduced along her social, cultural, and educational background. The picture around her former and present life is displayed as that of an average woman whose irony, independence, and initiative were outstanding marks of her personality. Most of all, her resilient mechanisms seem to align with a sense of emotional detachment from any ‘serious’ matter, since “[s]ororities were a joke to her, and so was politics” (Munro 2001, 275). However, whether such detachment was Fiona’s primordial characteristic or just momentary reactions to reality is deliberately disguised by narrative mediation. Far from satisfying the reader’s

acknowledgement of a pre-dementia state, it is easy to infer that a transformation of Fiona's image is intended.

Thus, the opening picture alludes to a strong sense of selfhood that advances in turn an ambivalent disappearance: "She looked just like herself on this day—direct and vague as in fact she was, sweet and ironic" (Munro 2001, 277). From this onward, Fiona relates mainly to the process of memory impairment she suffers. She needs to write down the names for ordinary things, a detailed schedule for her daily routine, and even to gamble around while pretending she has not got lost in a shopping center. Although she uses many resources to adapt to her memory loss, her vulnerability emerges as she recognizes that she is to an extent "losing" her mind (Munro 2001, 278). She undergoes a process of becoming 'another,' by which the world becomes strange to her, and she becomes strange to the world. Conversely, Fiona faces this loss and dissolution with humor and irony, or so it seems through Grant's depiction: "You know what you're going to have to do with me, don't you? You're going to have to put me in that place. *Shallowlake?*" (Munro 2001, 279; italics mine). *Shallowlake* is Fiona's sarcastic adaptation of the residential facility's original name, *Meadowlake*. While she is intentionally playing with the name of what many others would conceive as an undesirable place to mention, it is in acknowledging and adjusting to her mental deterioration that Fiona copes with it. Not as optimistic, Grant interprets Fiona's resorting to humor and irony not as a resilient mechanism but as evidence that his wife behaves as usual. Thus far, Grant will play a key role at concealing the sufferer's internal reflection on mental deterioration while remaining resistant to overcome his emotional detachment.

This portrayal of the sufferer as ironic, untroubled, determined and resourceful can then be interpreted in different ways: first as exposing Grant's resistance to accept his wife's progressive estrangement and second, as unravelling Fiona's resilient personality, which gives the possibility to the sufferer not to resist but to adapt and allow transformation (Fraile-Marcos 2020). For Fiona, this transformation is given mainly from being a caregiver herself towards turning to a care receiver. She was initially presented as a woman who was keen on care relations. That was the

case when, once Fiona realized about her sterility, she decided to adopt dogs upon which she wanted to perform caring and responsibility. In like manner, Fiona worked as a professional caregiver by joining a volunteer program of assistance in the hospital. At this point in the narration, Fiona's selfhood—or at least, pre-dementia—is integrated within a willingness to care for others. Thus, her transformation towards the condition of the receiver is by far dramatic and, to an extent, ironic.

Albeit unreliable, Fiona's portrayal as "rational, healthy, and normal care provider" pinpoints Grant's lack of care and marital commitment and his subsequent resistance to Fiona's vulnerability (Goldman and Powell 2015, 85). What is more, the depiction of Fiona as vulnerable—coping with memory loss through post-its, or the adoption of pets as performing responsibility—is constantly being problematized by Grant's interpretation. To illustrate it, when referring to what made Fiona adopt her dogs, he proves to be openly disinterested: "Something about her tubes being blocked, or twisted—Grant could not remember now. He had always avoided thinking about all that female apparatus. Or it might have been after her mother died" (Munro 2001, 279). Such indifference towards Fiona's emotional and physical problems signals not only a deliberate unreliability but also an ironic contrast within the process of dementia and care relations. Likewise, his resistance—understood as his unwillingness to accept his wife's deterioration—is rather sustained by "his failure to 'read' his wife in the present [which in turn] initiates his recollection of a past in which he already might have misunderstood her" (Berndt and Henke 2017, 211). Thus far, Fiona's resilience is initially veiled and superficially interpreted by Grant. Fiona's decision to adapt rather than resist this transformation towards estrangement and 'unbecoming' reflects the possibility for the sufferer to perform resilience and to evolve out of an adverse situation, not only to survive but as "flourishing in the midst of difficulties" (Fraile-Marcos 2020, 1). If one understands vulnerability not as opposed to resistance but as a "deliberate exposure to power" (Butler 2016, 12), it will be fair to warn that Fiona's instances of vulnerability are not as abundant as one might expect from a dementia patient. Even though Fiona is not completely divested of agency or merely portrayed as a victim of a

mental disease, her disempowerment is rather sustained by Grant's sense of shame and failure.

As opposed to Fiona's resilience, Grant is at first enclosed in a sort of resistant and distancing attitude. Since he is the one in charge of mediating between the narration and Fiona's story of dementia, the reader approaches a narrative of illness and care through Grant's eyes. Under this light, Grant assumes to an extent the estrangement caused by Fiona's textual reminders and frames it as part of the process, through in a hesitant and resistant tone, "[t]he new notes were different. Taped onto the kitchen drawers—Cutlery, Dish towels, Knives. Couldn't she have just opened the drawers and seen what was inside?" (Munro 2001, 277). His reluctance to accept and thus adapt to Fiona's condition is easy to elucidate when constantly referring to her former self as being eccentric, ironic and mysterious, for instance, when telling the doctor that not paying attention to details and then failing to acknowledge them is common since "[s]he's always been a bit like this" (Munro 2001, 278). Another instance of Grant's resistance unfolds when Fiona recalls a particular moment together before entering the residential facility. The narration immediately incorporates Grant's denial, "[s]o if she could remember that so vividly and correctly, could there really be so much the matter with her?" (Munro 2001, 289). The process of Fiona's deterioration runs analogous to Grant's dissent and narrative reconstruction of their past since he had to fill the gaps left by Fiona's oblivion and, thus, (re)interpret marital dynamics and commitment. While Grant's resistance could be read as being part of the witness' adjustment, it has also been read as a response to his on-going experience as a philanderer. That is to say that even though Fiona apparently avoids confrontation and thus intimacy with Grant's promiscuous tendencies by relying on ambivalence, humor and emotional distance, Grant keeps on reframing his leaning towards infidelity (Berndt and Henke 2016, 212). Thus, his unwillingness to recognize dementia is sustained by his belief that Fiona is just performing vengeance, "I wonder whether she isn't putting on some kind of charade" (Munro 2001, 294). Indeed, it is Grant's account that does not only exposes a radical memory loss but also lays bare the process of setting out a narrative of mediation and gendered caregiving.

Grant's resistance has been read as a resource to give meaning to what otherwise was overlooked by marital dynamics. That is to say that the recognition of a lack of caregiving throughout their marriage on his part advances a transformation of their relationship. For Fraile-Marcos (2018), such resistance equates a sense of shame, by which he antagonizes his wife and experiences vulnerability (63). Far from creating a space of open communication and discussion, Grant fails to join Fiona's mocking attitude towards the situation and even resents it. Even though he finds himself joking about writing down names for ordinary things, no interaction is performed out of his mind since, "[t]hey always laughed at the same things, but suppose this time she didn't laugh?" (Munro 2001, 277). As the story develops and Fiona's mental condition evolves, Grant's resistance will shift from a reluctance to face Fiona's estrangement toward a process of resignification of the past that will give way to rather a resilient attitude and a transformation of care ethics and marital relations.

3. The Ethics of Caretaking and Caregiving: Institutional Spaces

Alongside with the narrative focalization, Grant is also the one who first mediates with doctors and medical institutions, thus entering the slippery ground of caregiving and caretaking. Drawing on OED definition, Amelia DeFalco defines caretakers as those in charge of "a thing, a place, or person" (qtd. in DeFalco 2012, 383), a role that is considered professional inasmuch as caretakers take "some payment in exchange of their labor" (DeFalco 2012, 382). Caretaking then implies power relations and objectifies the recipient—whether a person, an animal, an object, a situation—of the caretaking as part of a paid labor. In like manner, caretaking also involves an employer—for instance, the family of the afflicted—who performs the labor or provides with the means for it. Caregiving, by contrast, is performed only towards a person without any kind of objectification or power enforcement at first. Caregivers may not respond to money—although it should be recognized as work as well—but to the willingness to attend to "another's needs rather than merely assuming a responsibility for upkeep and oversight" (DeFalco 2012, 383). Despite their differences, both

practices tend to blur the boundaries of responsibility regarding love and dependency work, and so they are often confused insofar as how these caretakers and caregivers establish a relationship with their nursing work and its living recipient, the Other.

Regarding the pursuance of roles of either caretaking or caregiving, Grant aims at avoiding nursing relations by entrusting the maintenance of the sufferer to an institutional facility. As Fiona reaches a higher state of deterioration, her internment into a residential care facility is rendered necessary and convenient for both of them. Although this custody is granted as a temporal sort of hospitalization, a “rest cure,” none of them nor the reader are completely persuaded by it (Munro 2001, 280). Moreover, Fiona’s admission to the residential facility called Meadowlake marks the moment when they depart entirely from each other and begin a new relationship as patient and witness. Another shift will occur likewise within their marital relationship that will affect Grant’s and Fiona’s sense of commitment. From the first month of physical separation onward, the main setting of the (f)actual narration is that of Fiona’s new world—the institutional world ascribed to Fiona’s new expectation and environment—from which Grant is mostly excluded, thus eliciting a vital gap in the testimonial nature of a narrative of illness. Interestingly, as he faces this new symbolic and physical distance, Grant grapples with the need to remain with his wife while ‘abandoning’ her to an institution, as well as with an experience of abjection towards his marriage and himself. In all these transformations the spatial dimension acquires a new role that help reconceptualize their relationship patterns.

Institutional care and spaces are a consistent theme in Munro’s writing. As Sara Jamieson analyzes in her article “Reading Spaces of Age in Alice Munro’s ‘The Bear Came Over the Mountain’” (2014), the focalization on visitors’ experience unravels many nuances and relations of power and care inherent to institutional caretaking, being shame, abjection, and disempowerment some of them. I suggest, then, that Meadowlake, the residential facility Fiona is sent to, embodies a caretaking entity in that it takes charge of the lives of those who are not considered self-sufficient. Institutional facilities do not only attend the needs of

its patients, but also subject them to new social dynamics within the institution. They will provide Fiona and other patients with a ‘safe’ place to establish new relationships and to alleviate the estrangement and anxiety caused by their mental conditions. From the original resistance to accept Fiona’s illness, Grant adapts to the situation not only by becoming a constant visitor—which reveals his desire to lessen his guilt and shame—but also his incursion into the institutional space will allow him to revision and reflect upon how these spaces are created and evolved anew.

Meadowlake is read by the couple first as visitors of their friend and former neighbor Mr. Faquar as a place displaying “smell of urine and bleach that hung about, ... the perfunctory bouquets of plastic flowers in niches in the dim, low-ceiling corridors” (Munro 2001, 281). This artificial environment of plastic ornaments and dim light embodies primitive models of institutions as “old age home” (Jamieson 2014, 6), thus aligning with a correlation between dementia patients and ageing subjects as both presenting traits of uncanniness (DeFalco 2010, 11). Besides, such correlation evokes the conditions of deficient caretaking and hospitalization, by which patients’ deteriorated state enhances their dependence and expropriation of body and self-reliance. Even so, their previous experience as visitors to Meadowlake works also to emphasize the process of adaptation and change of such an institution throughout the years, which is represented in the architecture of the old and new buildings as well as in the organization and distribution of interiors that aims at reproducing the different scenarios of social life while divesting them of any natural and recognizable family trait. Meadowlake then turns into a transformed, new version of itself when becoming an “airy, vaulted building whose air [is] faintly pleasantly pine-scented” (Munro 2001, 281-82), as if adding aesthetic reformulations would upgrade the public vision of such an institution. By the time Fiona becomes an inmate, Grant fathoms the double nature of the institution, thus “[addressing] how perceptions of the contemporary facility are still shadowed by the unpleasant associations elicited by its precursor institutions” (Jamieson 2014, 6).

Apart from the doubling nature of the old age home Jamieson aptly pointed out, Grant’s further reflection on the institutional life

of inmates aligns with Erving Goffman's notion of "total institution." Although Jamieson agrees on this correspondence regarding the inmates' isolation (2014, 7), many other instances of Grant and Fiona's experience reveal traces of what Goffman denotes "total institution," meaning "a place of resistance and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (1961, xiii). Small wonder, then, that incorporating Fiona's body to the space of a residential facility sheds light on notions of expropriation, bodily vulnerability and its outcome in a third-person narrative. Devoid of not only her linguistic capability—there are several instances where Fiona struggles with language—but also her natural freedom to navigate the outside world, Fiona's body and story becomes completely mediated and subjected to an organized, constructed reality that both narrative and space control. This embracement of vulnerable and resistant bodies is typically read as part of Munro's depiction of illness since "Munro's women confront the body as thing, as object of illness and disability, as dependent or depended on, and the stories thus focus on the shifting power relations that result from such dependency and objectification" (DeFalco 2012, 385). Thus, selfhood and agency can only be read within the omniscient narration through the cracks of Grant's focalization and the identification of institutional care.

One of the first rules imposed by the institution in this story is that of a month of separation between patient and family members or witnesses, which rather evokes processes of depersonalization associated with former institutions (Jamieson 2014, 7). Thus, patients find themselves free and detached from their former lives in order to fully adapt and immerse into the institutional space, their new home. Both patients and their families undergo a forced departure by which their relationships are to a great extent mediated by the institution, as it happens when Grant asks the nurses about Fiona's situation. Therefore, Fiona's experience is not just mediated by narrative focalization but also by means of spatial demarcations. Since Fiona and other patients have been entrusted to institutional caretaking, the institutional authority is now in charge of their bodies, selves, lives, and schedule (Jamieson 2014, 8). In order to

display this context of control and containment, the first rule that is imposed is that of a period of segregation from the world conducive to the alienation of patients:

New residents were not to be visited during the first thirty days. Most people needed that time to get settled in. [...] And some relatives could be susceptible to that, so you would have people being carted home who would not get on there any better than they had before. Six months later or sometimes only a few weeks later, the whole upsetting hassle would have to be gone through again. (Munro 2001, 280-81).

Visitors are highly discouraged to interfere through this time, and the scene recalls that of children taken to school for the first time. The patients resist at first the confinement and they long for their homes insofar as they are interned into an unknown place. They become inmates rather than residents, as Fiona and Grant suggest themselves (Munro 2001, 282). Such initial alienation from the world they know as to fully immerse in the new one is what Goffman denotes “the first curtailment of the self” (1961, 14). Thus, these inmates begin to differ from mere residents as their autonomy is reduced to the assimilation of the new place and its rules as well as the loss of individuality by confusing them whether with strict routines, medicaments or the little room provided for self-reflection. They are hospitalized, and as any other hospitalization, one gives up on body and autonomy in order to get protected and assisted by a larger omnipotent authority, in a similar way as professional nursing might function when ‘invading’ the private space and the body of their patients (DeFalco 2012, 384-5, colonizing nurse).

What makes up for such alienation is the idea of supplanting inmates’ sense of belonging in that “Meadowlake [becomes] their home” (Munro 2001, 281). However, and far from the idea of acceptance and shelter that qualifies the residential facility propaganda, there is a limitation to it in that “that doesn’t apply to the ones on the second floor, we can’t let them go” (Munro 2001, 281). Within the institutional space, hierarchy and power relations work as an independent entity that sets the rules for both outsiders and insiders. It is caretaking at large extent, thus implying social control and segregation of the inmates. This new authority constructs its spatial dimension and communal bond through the

idea of home and belonging, as inmates are divested of their roles in the outside world (Goffman 1961, 16), of their belongings which are “important because persons invest self feelings in their possessions” (18), or even “stripped of [their] usual appearance” or “personal defacement” (20). Its ultimate segregation outperforms the creation of a mostly unifying community of inmates in order to foreshadow a new level of imprisonment within the institutional space. Even though the narration does not focus in detail on power relations and the system of privilege and punishment within the institutional space, a warning is extended to relatives as a way of advancing the possibility of gaining a complete control over the residents. That is to say that the second floor is pictured as a space intended for those who do not improve properly within the institution, those who have “lost it” completely or have not adapted (Munro 2001, 308-9). It is indeed portrayed as a *fatum* unaware of any kind of authority. Such *fatum* is, however, prescribed and administrated by nurses and supervisors, thus eliciting in a quite explicit way the oversight and invasion professional caretakers might perform upon afflicted subjects.

Alienated from the world outside, these inmates live their lives as planned by an omnipotent authority, which in turn resembles the formal resource of an omniscient narrative. They live in a world within a world, a place rather than a space, adhering to the idea of place as a socially constructed site (Price 2013, 120), thus fulfilling itself a social function. Here, space and time are designed to provide a ‘safer’ reality. Inmates enroll in collective activities that help them create a sense of community, and they engage in a social life that aims at supplanting their longing for the outside world. To envision this institutional care as resilient, however, is rather controversial. As far as “resilience looks for ways to *manage* an imbalanced world” by accepting change and adjusting to it (Fraile-Marcos 2020, 2), then institutional care facilities might prove resilient ‘systems’ whereby human beings thrive in the face of adversities. Notwithstanding this, resilience allows for transformation “while keeping [subjects’] essence” (Fraile-Marcos 2020, 2), what suggests that supplantation and depersonalization might not be at core of resilient and organic transformation. Dependent on viewpoint, inmates are whether forced or encouraged to establish relationships

with other inmates as well as with those in charge of nursing and their treatment. This can be read as a potential paradox that points to antithetical results, “mortification” for Goffman (1961, 14) or a potential ecological resilience that links individual and social development (Fraile-Marcos 2020, 3). In Munro’s story, it is Grant and his interaction with the supervisor and the nurses that work handling and mediating Fiona’s experience, thus aligning with Goffman’s argument in that the patient is “being contaminated by a forced relationship to these people—for it is through such perception and knowledge that relations are expressed” (1961, 28).

Eventually, inmates are expropriated of their bodies as well as their sense of self by means of depersonalization, contamination, and lack of personal possessions or of any kind (Goffman 1961, 14-5, 18, 20-21). For instance, when Grant enters Fiona’s room within the residential facility for the first time, he realizes the unfamiliarity and estrangement attached to his wife’s personal space, “[s]he wasn’t there. The closet door was closed, the bed smoothed. Nothing on the bedside table, except a box of Kleenex and a glass of water. Not a single photograph or picture of any kind, not a book or magazine. Perhaps you had to keep those in a cupboard” (Munro 2001, 288). There is no trace of familiarity that enables Grant’s recognition of the space as his wife’s. This is one of the first symptoms of estrangement towards Fiona’s assimilation to the institutional space. There are no pictures, neither books nor any kind of repositories of her memory before coming into the institution, her body and mind are prescribed to be dissolved into the institutional mechanics in a process akin to Goffman’s idea of “disculturation,” by which the inmate might unlearn daily activities of the outside world (1961, 13).

Whether the lack of belongings is due to Fiona’s willingness to engage with the institutional experience or not, Grant commences to apprehend the gap between past and present, a leap in turn mediated and preserved by the nurses who inform him about Fiona’s progress as they appear “pleased with [themselves] for having recognized [Grant] when he knew nothing about her. Perhaps also pleased with all she knew about Fiona’s life here, thinking it was maybe more than he knew” (Munro 2001, 303). This serves as the externalization of an estrangement that Grant has been interiorizing

since the beginning of Fiona's deterioration. It is then not only an abjection due to Fiona's oblivion but also an abjection from Fiona's daily life, and which resembles Fiona's former little access to his husband's clandestine affairs. Likewise, he has to face an exterior dimension of defamiliarization when encountering Fiona's public image. In this regard, Grant shocks at Fiona's clothes not being her style nor recognizable for Grant, and so it happens with Fiona's haircut (Munro 2001, 299). Estrangement is performed doubly by means of a mental condition and as part of the internalization in a residential care facility. Although Grant asks her about these changes and the reason behind them, Fiona seems unable to grasp the relevance of her physical appearance merely because, as she states, she does not miss what she cannot remember. It won't be until almost the end of the story that Fiona realizes her depersonalization insofar as she does not recognize the choice of color she is wearing, foreshadowing the cyclic nature of memory impairment, "[t]he people staying here are not necessarily honest. And I think they've got the clothes mixed up. I never wear yellow" (Munro 2001, 323).

The dissolution of selfhood is paramount on most total institutions as a way to deprive inmates of any source of character and autonomy. Grant himself suggests that institutional staff does not provide inmates with a consistent support regarding self-recognition since they constantly change and rearrange spaces (Munro 2001, 299), as well as they mix up those possessions that reflect the inmate's public image, such as women's clothes as they "counted on the women not recognizing their own clothes any way" (Munro 2001, 299). Even though this fact is presented as arbitrary, Goffman reflects that there is no chance of divesting inmates of their belongings without reinforcing the alienation already set by the institution (1961, 18-19). This is made explicit for instance when comparing features of the old and the new building, and how the TV was located in every room and its use was rendered unavoidable—as a way to entertain and alienate inmates—in the former building, while in the new Meadowlake building TV was not only off—if anyone was watching it—but even placed in another room. Rearrangements such as this imply a direct involvement of institutional authority in social control and power relations that lays bare the dynamics denounced by Goffman and other theorists on

caretaking dynamics. However, these contrasts between the old and new building comply not only the tension Goffman identified “between the home world and the institutional world” so as to use it “as strategic leverage in the management of [inmates]” (1961, 13), but exposes the potentiality of the institutional space to disrupt the “dualistic reading of the institution as the opposite of the home” (Jamieson 2014, 9).

4. “An Intimate Other”: Experiencing Abjection and Displacement

In relation to the aforementioned substitution of the world outside with a new reality within the institution, reliability regarding supplanting civilian life is made explicit through the new relationships that are allowed within its walls. Irrespective of inmate’s former bonds to their families, patients are allowed to establish ties of almost any kind with other inmates, or so it apparently happens in Meadowlake. This is the case of Fiona, who has immersed completely in the institutional life to the extent of establishing a romantic affair with Aubrey, a fellow inmate. This event is rendered vital in order to understand Grant’s process of abjection and the subsequent transformation of their marital commitment as part of a resilient mechanism. One of the major themes that is openly discussed in many articles and reviews is the problematization of fidelity, both in form and content. While Robert McGill (2008) analyzed this idea by comparing the original text with its cinematographic adaptation, he also concluded that the overall story “offers insights into how notions of fidelity can adapt to changing conditions” (99). Being so, resilience does not work at patient-witness level, but also in relation to Fiona and Grant’s marital relationship. Berndt and Henke also posit an optimistic value to the reconceptualization of fidelity as the story “insist[s] on keeping love alive, suggesting that in old age [and regarding diseases], a reconsideration of the idea of loyalty might mark a new beginning” (2017, 204). In Munro’s story, when Grant realizes the affair, he feels both hurt by being alienated from Fiona’s world as well as by the realization of a reversal of roles, by which he is no longer—or not only—cheating but being cheated on. This mirroring experience will boost a complex sense of abjection and empathy,

[l]ess and less sure of what right he had to be on the scene [Fiona and Aubrey's] but unable to withdraw" (Munro 2001, 297). It is Kristy, one of the nurses, who explains to Grant that these relationships are allowed insofar as they are part of the "game" in which inmates are involved (Munro 2001, 292). Acknowledging the playfulness of the situation reminds the reader of Grant's initial depiction of his wife as being ironic and ambivalent, a characteristic that might have helped him carry out his infidelities without compromising his marital commitment but that now ironically serves to expose Grant's jealousy and shame.

As Fiona immerses into the institutional life and her new relationship, Grant has to face replacement concerning his position as Fiona's caregiver. He is withdrawn from her life in a systematic way, as those relatives who are allowed just to visit a hospital in certain timeframes. His role is in turn undertaken by institutional caretaking, which does not only remove him from Fiona's daily routine but also deprives him of altering her experience. Grant's displacement resulting from memory loss and institutional dynamics relegates him to a position of visitor, a mere spectator of Fiona's life within Meadowlake. In reading his wife's behavior as part of that vengeance in response to his disloyalties, Grant's vulnerability encompasses several instances of self-exposure to shame, guilt, and judgement on readers' part. Since the narrative discloses Grant's secrets, an illusion emerges that makes readers believe that they and Grant are the only individuals that know about his illicit affairs. So much so that his shame and abjection is aggravated by the secrecy of his actions when confronting Fiona's overt affair, thus his vulnerability arises as a result of a sudden disempowerment regarding his marital relationship and will help integrate—or justify—his own process of estrangement and later resilience towards Fiona, their marital relationship and himself.

Whereas Fiona's internment aims to obliterate her life outside the institution, Grant appears for the first time after his wife's internment as a "guilty husband" with a bouquet of flowers—performing the artificiality attached to institutional dynamics—and desperate to restore communication with his wife. However, the first obstacle emerges when he struggles navigating the residential

facility and its protocol, thus eliciting the distance set between Grant and Fiona. In this first encounter, he cannot find his wife in her room, neither physically nor regarding any trace of familiarity that allows recognition, a disrupting event that sets forth Grant's displacement. It is the nurse who has to lead him to his wife. Grant faces a dependency on institutional mediation that reassures the distance and estrangement between his life and his wife's. Other than foreshadowing a tragic realization regarding Fiona's deterioration, Grant uses this distance to perform a narrativization—a manipulation—of his role in their marital life, revealing mirroring episodes in their life when Fiona seemed reluctant to confront Grant's infidelities. By manipulating language, Grant prefigures this first encounter in a particular way:

On the morning of the day when he was to go back to Meadowlake for the first visit, Grant woke early. He was full of a solemn tingling, as in the old days on the morning of his first planned meeting with a new woman. The feeling was not precisely sexual. (Later, when the meetings had become routine, that was all it was.) There was an expectation of discovery, almost a spiritual expansion. Also timidity, humility, alarm. (Munro 2001, 287-88).

Conceiving their first encounter in terms of dating “a new woman” reflects the ironic parallelisms and ambivalence of Munro's story. The focalization on Grant's experience explicitly contributes to a narrative that reveals more about Grant and less about Fiona, thus agreeing with the idea that “Munro exposes and makes fun of the male ego defending itself” (Lorre-Johnston in Fraile-Marcos 2018, 66). While Grant focalizes a self-serving idea of their relationship, his abjection and shame blatantly arise through a dream where Fiona knows about his affairs so that “[Grant's] abject inner stranger emerges through the oneiric and figurative modes of expression that constitute the semiotic” (Fraile-Marcos 2018, 67), thus activating a process towards a conscious ethical commitment. Conversely, their first encounter in the institutional space is performed in a social atmosphere that leaves out any possibility of intimacy and displaces Grant to an outsider and spectator position, from where readers can grasp the concealed complexity of this character and his role in the adaptation to new circumstances (Fraile-Marcos 2018, 68).

Once he finds Fiona, she has already become ‘an-other,’ a ‘new woman,’ as he foreshadowed, within this new space: she is unable to recognize Grant as her husband and instead approaches him as though he were a new resident of Meadowlake. Fiona seems to notice Grant’s presence as a coincidence, and so she talks to him while displaying her characteristic irony and humor, what in turn problematizes the idea of dissolution of the self as part of Fiona’s deterioration as it is an intrinsic element of her resilient attitude. Thus, both Grant and readers constantly “oscillate[s] between different perceptions of dementia as a serious pathology that destroys memory and language skills, and a continuity in personality that transpires in spite of loss of memory” (Balestra 2016, 26). Albeit ambiguous, Grant ponders over whether Fiona is not able to recognize her husband or she is rather performing a trick on him when telling him, “[i]t must all seem strange to you, but you’ll be surprised how soon you get used to it. You’ll get to know who everybody is. Except that some of them are pretty well off in the clouds, you know—you can’t expect them all to get to know who you are” (Munro 2001, 291). Whether this is a genuine approach of Fiona’s nonchalant camaraderie or an ironic pun to Grant’s secrets is hard to tell but such an ambivalence marks a departing point from where Grant and readers need to decide the course of thought and action respectively. This encounter, thus, plays an ironic remark that lays bare the mechanisms of distancing and displacement in that “Grant is thus akin to a new resident who must work at understanding the Other (his transformed wife and, due to the reciprocal nature of their roles, himself)” (Goldman and Powell 2015, 89). Being mere observers, spectators and/or outsiders ultimately prevents the narrative from infusing the narrative voice with guilt and shame while simultaneously acknowledging the double vision of this encounter as being pondered over and experienced by reader and character.

Besides, Grant has to deal not only with the assumption of not being recognized by his own wife but also with the witnessing of Fiona’s intimate relationship with another male inmate. If Fiona has been abandoned to institutional care, her detachment and infidelity work for Grant as a mirroring process—meaning that it resonates with his own experience of infidelity—of alienation and

abandonment. While Grant assumes his secrecy has part of his “discourse of care,” Fiona, consciously or unconsciously, encourages him to face a reconceptualization of fidelity towards transformation and survival (McGill 2008, 101). Moreover, it is the double alienation of the witness that reinforces Grant’s role as a collector of Fiona’s guesses and experiences at the same that it allows him to start a collaborative process of understanding Fiona as the Other, or DeFalco’s words, as an ‘uncanny’ subject. That is to say, not only to face estrangement but to embrace difference (DeFalco 2010, 59), what advances a resilient attitude that enables transformation regarding marital commitment while problematizing notions of marital in/fidelity. Fidelity or infidelity is brought to the forefront when considering Grant’s role in the narration, that is, when the reader realizes that dementia patients are mostly unable to give shape to a narrativization of their experience, more often than not mediated discourses display a process of transformation and adaptation towards care and sacrifice. In not being able to articulate her story, Fiona needs another to narrativize her experience (DeFalco 2010, 54), thus drawing a parallelism between storytelling and caregiving. Such dependency “involves a transfer of power as one person comes to act or speak in place of another” (DeFalco 2012, 384). Thus, the caregiver may embody both the responsibility of maintenance but also of acknowledging the experience of illness.

While Fiona is portrayed as an untroubled, detached figure from Grant’s perspective, it is Grant who engages in a narrative of estrangement and detachment that alleviates his guilt and justifies his ambivalent attitude. This narrative allows for contradictions resulting from the process of approaching the familiar other or, in Fraile-Marcos’ words, an “intimate Other” (2018, 61). Even though he aims at bridging the gap between them, it is rendered equally inevitable for him to actively refuse to do so. Here is where the paradox of the witness account lays: as long as he comes to understand Fiona is feeling integrated and better with Aubrey, he is forced to withdraw from his role as a caregiver and husband to become an abject visitor in Fiona’s life and an outsider to the institution and the narrative of illness. In a way, he becomes “omnipotent and subservient” within care relations (DeFalco 2012, 380). This alienation allows Grant to, first, explore the institutional

space and, second, display empathy towards Fiona's infidelity and estrangement, leaving aside the assumption that "Fiona is playing a strange and potentially wounding game" (Goldman and Powell 2015, 88). As for the first, he embarks on a simulation of adaptation to the institution that unravels the total institution already discussed. Lastly, his exploration of this "new life" arouses a reconfiguration towards marital commitment and ethical responsibility.

Fiona's affair with Aubrey will ultimately help Grant apprehend the pain derived from infidelity and displacement by means of constantly recreating his own experience as philanderer, thus the correlation between "passion and illness instigate different forms of memory loss and, as a result, lead to forms of ontological and, in this case, marital infidelity" (Goldman and Powell 2015, 90). Conversely, other analyses of marital commitment in Munro's story alleged that this confrontation between passion and illness gives way to an adaptative and resilient turn of events. This aptly aligns with the end of the story, when Aubrey is taken back to his house and to his wife, Marian, and Grant has to persuade Marian—what involves a potential sexual intercourse—in order to bring Aubrey back to Fiona, whose is state is in decay. Whilst Farile-Marcos explores the development of Grant's ethical narrative of care through the affect of shame, which she identifies as a catalyst in the awakening of Grant's "ethical self" (2018, 64), McGill resorts to adaptation and infidelity as "activities necessary to happiness" and "survival" (2008, 101). Grant, then, experiences abjection through the pain inflicted by Fiona's unrecognition and apparent infidelity, thus leading him to a revision of his own disloyalty. Nonetheless, as far as Fiona does not remember Grant, her affair is but a consequence of the dissolution of former relationships due to memory loss, and for that Grant doubts about Fiona's intentions so as to finally commit to Fiona's new reality.

Part and parcel of mediating the narrative of illness is adjusting to the partiality of events and the resulting ambivalence. Thus far, Grant recalls his own experience of infidelity as a way to justify his suspicion about Fiona's vengeance and as a way to cope with his sense of guilt and displacement. Although his retreat to such experience opens the door for Grant to read each other anew, his

shame permeates the potential “discourse of care” that he has constructed around protecting Fiona (Fraile-Marcos 2018, 66). In such memories of philandering, he distinguishes himself from other philanderers by emphasizing the quality of love behind his actions. He did deceive her lovers and Fiona, but unlike the latter, he was able to conceal his actions to protect his wife—if secrecy was actually working for Fiona, readers do not know—or rather as a way to protect himself from his course of action. In a way, Grant complains about the fact that he has to be a witness of Fiona’s distancing process and memory loss and congratulates himself on his endurance, which otherwise would apparently have been unbearable for a loyal, loving husband. Through this projection, he is recognizing himself in the other, that is, Fiona, what brings him both pain and solace. Thus far, he overcomes estrangement so as to embrace difference and re-cognition (Fraile-Marcos 2018, 61). At the end of the story, when he manages to bring Aubrey back to Fiona after implying through language a sexual motif and a potential infidelity, Grant reactivates his role as both a caregiver and a philanderer, thus ultimately preventing Fiona from being sent to the second floor. The paradoxical outcome of Grant’s fidelity “by facilitating her ‘infidelity’ to him” aptly aligns with the complex transformation of ethical commitment in adverse circumstances and the nuances of resilience and adaptation (McGill 2008, 100). Although in the final conversation with Fiona, she seems to finally recognize her husband, neither readers nor Grant are provided with a clear conclusion, which aligns with the ambivalent and ironic nature of the story and the illness it portrays. However, in performing the ultimate adaptation and transformation within their marital commitment, Grant is finally constructing a permeable way out of his abandonment and displacement while facing the other side of the mountain, that is, the disappearance of his loved one and everything that it brings.

5. Conclusion

All in all, Munro’s “The Bear Came Over the Mountain” discloses a reality where care relations are allowed to fluctuate and evolve out of exchange and collaboration. Instances of vulnerability provoked

by loss and dementia intertwine with a subtle amount of resilient and adaptative strategies undertaken by the afflicted and witnesses. In this story, the residential facility holds a pivotal role in characters' development by displaying a design of space which determines and defines their roles in life and in the narrative. Thus, care relations between sufferers and caregivers/witnesses are shaped through the reflection on institutional caretaking and the role of visitors as destabilizing its structure and laying bare its mechanisms. Unrecognition and estrangement ally themselves within the narrative so as to flesh out the narrative of the Other, who is able to restore herself through words or memory. It is due to Grant's resilience and strategies of adaptation and adjustment to alienation and estrangement displayed both by his wife's illness and institutional dynamics that readers are able to embark on an inner-directed journey towards the Other and a total embracement of difference from within.

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